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## COVER LETTER

TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: James Edward Carter
Name of Person

GRACE 96, LC

Firm/Company 3537 NW 24 Street Lauderdate Lakes, FL 33311
City/State and Zip Code <u>Femail address:</u> (to be used for future annual report notification) For further information concerning this matter, please call: Kose Marie Carter Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

P-Wale a	to LL				
(Name of the Limited L.	Jability Company as it Florida Limited Liability	now appears on or (Company)	ur records.)		
The Articles of Organization for this Limited Liabil	lity Company were	filed on	<u>c 18</u>	and assigned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability co	ompany here:			
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	e:	npany," the designa	tion "LLC" or the abl	breviation addC"	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>			1	<del>'</del> Ö
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	•	address on our	records, enter	the name of the	new
New Registered Office Address:					
		Enter Florida str	eet address		
-		ity	, Florida	Zip Code	_
New Registered Agent's Signature, if changing Regi	istered Agent:				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete perfored agent as providing in the contract of the contract and contra	rmance of my a led for in Chapt	luties, and I am f er 605, F.S. Or,	a Zip Code  r agree to comply with the am familiar with and Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Rose Mrie Carter	3537 NW 24 Street	Add
		Lauderdate lakes FL 33311	Remove
			Change
Manager (owner)	James Edward Carter	3537 NW 24 Street	<b>⊠</b> Add
		3537 NW 24 Street Lauderdate Lakes, FL 33311	□ Remove
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If an effective date Note: If the date	if other than the date must be inserted in this blocketive date on the Department	e specific and each of the specific and each of the specific and the speci	unnot be prior to det the applicable	ate of filing or mo	(option of the control of the contro	filing.) Pursuant	to 605.0207 be listed as
	ecifies a delayed e ay after the recor		te, but not a	n effective tii	ne, at 12:01 a	a.m. on the	earlier of
Dated	uly 25	·	3018	1	-		
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7	/ Si	gnature of a me	mber or authorize	ed representative o	f a member		_

Page 3 of 3

Filing Fee: \$25.00